

*Canada Health Act*

Bill did not by any means satisfy all our objections to it. The Government willingly accepted amendments which would have made it possible for a mechanism to be built in so that doctors can be assured of a fee schedule in any province. It willingly accepted an amendment to make sure that the term "health care practitioner" is incorporated in the Act for future developments. We are asking that that same willingness be applied to the needs of interns and residents throughout the country. I do not think that should be a major hurdle for the Government. It should not be a major impediment which the Government is not prepared to take in its stride.

This is not an amendment which would unduly stretch the Act or bring into contention any great provincial responsibility. It is an amendment which is sensible and sensitive to the needs of the people to whom it is directed, and one which should not really cause the Minister any great trouble. In fact, Sir, I am pretty well assured she does not have any great trouble with it. Therefore, I ask her at this stage to consider incorporating this amendment into the Bill to make sure we have taken that one last step to make this a better Bill than it is at present.

**Mr. Joe Reid (St. Catharines):** Mr. Speaker, along with the Hon. Member for Kingston and the Islands (Miss MacDonald) I was somewhat surprised, after the hours of committee deliberations, to hear and read that there was not much controversy and not much input by the opposition Parties to the application of Bill C-3, the amendments now coming out of it, and those that were considered in committee. I was rather surprised as well, Mr. Speaker, that a limitation was going to be imposed on the discussions this morning with respect to the linking of Motions Nos. 1, 2 and 3.

This morning I would like to join my colleagues in addressing particular Motion No. 2, which perhaps created an undue concern on the part of the Government. We were told that Bill C-3 was introduced with the purpose of accessibility in mind to ensure that Canadians across the country had access to the greatest medicare system in the world. We were told that in order for Canadians to be assured of that accessibility there had to be protection against the possibility of erosion of medicare through user fees and extra billing.

When the original medicare Bill was tabled, not much consideration was given to medical practitioners. It was stated that they would not become functionaries of the state. Even now it has been said that our medical practitioners would not be and are not functionaries of the state. Yet, through a devious and roundabout way, they are being affected by Bill C-3, which may affect medicare, in a way we may not have properly and thoroughly considered.

Motion No. 2 as introduced by the Hon. Member for Oxford (Mr. Halliday) introduces a very plausible concern. Interns and residents say they are not interfering with the provincial right to license doctors. However, if they are going to spend many years going to medical school to become specialists in the field, surely there must be something in this legislation to prevent erosion and give Canadians the right of accessibility to the medical practitioners of the future. How-

ever, the Government does not see it that way because it has a fixation on the two potential erosive capacities of user fees and extra billing. Unless we can assure the people of tomorrow that there will be sufficient practitioners skilled in the practice of medicine tomorrow, there will be a greater erosion of medicare than that which we have considered to date.

On the basis of consistency, I am wondering why the Government has refused to introduce amendments to ensure that doctors reaching this level of internship and medical practitioners who are residents within hospitals will be allowed to opt in as licensed doctors and participate in the medicare system which we have all grown to accept as part of our social structure, part of our way of life, and part of a system of which we have become so proud and which we consider to be the best medicare system in the land. To refuse to give that right to those students who have come this far and are now calling themselves doctors, is an injustice to the medical profession. They should be assured of this right through legislation. The thrust of Bill C-3 is accessibility. The greatest threat to accessibility and to the quality of medicine is the lack of medical practitioners with necessary skills.

**Mr. Herb Breau (Gloucester):** Mr. Speaker, I would like to say a few words on amendments Nos. 1, 2 and 3, and particularly on amendments Nos. 2 and 3. On listening to the debate at the present time the House could be led to believe that Members who support the Government have ignored the problem which was being raised by the Canadian Association of Interns and Residents and that we did nothing about it. The fact is, Mr. Speaker, that Members who are supporters of the Government did introduce an amendment to paragraph (c) Clause 12 adding the word "all" before the words "insured health services". Paragraph (c) now reads: "must provide for reasonable compensation for *all* insured health services rendered by medical practitioners or dentists;". There was disagreement as to the effectiveness of this amendment, but we believe that by adding the word "all" before the words "insured health services" the concerns of CAIR are being reasonably met.

● (1220)

I would like to point out that that is the same type of wording that exists in Clause 9 which deals with comprehensiveness. Clause 9, at line 15, reads:

—the health care insurance plan of a province must insure all insured health services provided by hospitals, medical practitioners—

I believe that the concerns that were being expressed by the interns and residents have reasonably been met by the amendment that we proposed to add the word "all" in paragraph (c) of Section 12. Since this Bill addresses health services and accessibility of patients to health services, rather than accessibility of professional groups to a public plan, I believe that that was the right way to approach this question.

At first glance, amendment No. 2 and amendment No. 3 do not seem to be offensive, but there is a slight difference between talking about the totality of insured services and providing, according to the amendment of the Member for